

# SUBSEQUENT APPOINTMENT OF STATUTORY AGENT FOR SERVICE DOMESTIC LIMITED PARTNERSHIP

Office of the Secretary of the State  
30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 / Rev. 10/01/2004

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<b>Name of Limited Partnership:</b>		
<b>The above Limited Partnership appoints as its statutory agent for service, one of the following:</b>		
Name of natural person who is resident of Connecticut:	Business address: (P.O. box is unacceptable)  Residence address: (P.O. box is unacceptable)	
Name of Entity:	Address of principal office in Connecticut: (P.O. box is unacceptable)	
<b>AUTHORIZATION:</b>		
Dated this ____ day of _____, 20____.		
_____ Print or type name of general partner	_____ Signature	
<b>ACCEPTANCE:</b>		
_____ Print or type name of statutory agent for service	_____ Signature of statutory agent for service	